

SUMMARY FORMCOLLECTIVE BARGAINING AGREEMENT  
PUBLIC SECTOR / NON-POLICE & NON-FIRE

## Section I: Agreement Details

Public Employer: Borough of Franklin County: Sussex  
 Employee Organization: Public Works Department Employees In Unit: 9  
 Base Year Contract Term: 1/1/2014 12/31/2015 New Contract Term: 1/1/2016 12/31/2017  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Item 1 .....	Salary .....	\$321,894	\$444,312
Item 2 .....	Increment .....	\$6,438	\$8,886
Item 3 .....	Loyalty .....	\$22,760	\$17,768
Item 4 .....	.....	.....	.....
Item 5 .....	.....	.....	.....
Item 6 .....	.....	.....	.....
Item 7 .....	.....	.....	.....
Item 8 .....	.....	.....	.....
Item 9 .....	.....	.....	.....
Item 10 .....	.....	.....	.....
Item 11 .....	.....	.....	.....
Item 12 .....	.....	.....	.....
Any additional item later separate sheet	Additional Items	.....	.....
Section III: Totals - sum of costs in each column		\$351,092 (Total)	\$470,966 (Total)

## Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSISTotal Base Year (previous agreement) \$351,092

Effective Date (mm/yyyy)	<u>1/1/2016</u>	<u>1/1/2017</u>	.....	.....	.....	.....
Percent increase .....	<u>2%</u>	<u>2%</u>	.....	.....	.....	.....
Total cost of increase .....	<u>\$26,654</u>	<u>\$27,187</u>	.....	.....	.....	.....
Total base salary (successor agreement) .....	<u>\$470,966</u>	<u>\$480,385</u>	.....	.....	.....	.....

## Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 2.00Dollar Impact (average per year over term of agreement) \$26,921.00

## Section VI

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1	.....	.....	.....
Cost of Health Plan .....	<u>\$111,486</u>	<u>\$196,544</u>	<u>\$214,233</u>	.....	.....
Employee Contributions .....	<u>\$13,701</u>	<u>\$25,661</u>	<u>\$26,161</u>	.....	.....
Prescription .....	.....	.....	.....	.....	.....
Dental .....	.....	.....	.....	.....	.....
Vision .....	.....	.....	.....	.....	.....

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

## Section VII

Prepared by: Monica B. Miebach Title: CMFO/QPA  
 Print Name: Monica B. Miebach Signature: Monica B. Miebach  
 Date: 3/30/2016